



2622
GP #212/\$

In re Application of:

HISASHI KAWAI

Application No.: 08/962,645

Filed: November 3, 1997

For: IMAGE INPUT DEVICE FOR INPUTTING
IMAGES OF A PLURALITY OF SUBJECTS
BY SWITCHING IMAGE PICKUP DIRECTION

Docket No. 35.G1460CI

Examiner: L. Nguyen

Group Art Unit: 2612

Date: February 22, 2001

#21/E
Rose
3-7-01

THE COMMISSIONER FOR PATENTS
Washington, D.C. 20231

03/01/2001 NGBREN1 00000056 08962645

01 FC:103
02 FC:102

108.00 OP
80.00 OP

RECEIVED

MAR 06 2001

Technology Center 2600

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☐ No additional fee is required.

The fee has been calculated as shown below

| CLAIMS AS AMENDED | | | | | | |
|---|--|-------|---|-------------------------|----------------|-------------------|
| | (2) CLAIMS REMAINING AFTER AMENDMENT | | (4) HIGHEST NO. PREVIOUSLY PAID FOR | (5) PRESENT EXTRA | RATE | ADDITIONAL FEE |
| TOTAL CLAIMS | * 38 | MINUS | ** 32 | = 6 | x \$9 \$18 | 108.00 |
| INDEP. CLAIMS | * 7 | MINUS | *** 6 | = 1 | x \$40 \$80 | 80.00 |
| Fee for Multiple Dependent claims \$135/\$270 | | | | | | |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT--- | | | | | | 188.00 |

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

☐ Verified Statement claiming small entity status is enclosed, if not filed previously.

☒ A check in the amount of \$ 188.00 is enclosed.

☐ Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.

☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.

☐ A check in the amount of \$_____ to cover the fee for a _____ month extension is enclosed.

☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.

☒ Applicant's undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.

Respectfully submitted,

Z. P. Diams
Attorney for Applicant

Registration No. 78,286

FITZPATRICK, CELLA, HARPER & SCINTO
30 Rockefeller Plaza
New York, New York 10112-3801
Facsimile: (212) 218-2200

NY_MAIN 148731